



# Socratic Room ABX2018

## Clinical Scenario

4yo F with rhabdomyosarcoma presenting with two days of fever and malaise. No sick contacts or recent travel but she was admitted last week for chemotherapy. No headache, SOB, ab pain, vomiting, diarrhea, dysuria, or rash.

T	HR	RR	BP	SpO <sub>2</sub>
38.4	149	24	63/49	97%

## Physical Exam

Ill-appearing young girl with CTAB and RRR. MMM with no anal lesions. PICC in R arm with no surrounding erythema, edema, or tenderness to palpation.

## Workup

0.9 / 9.1 / 27.5 / 82

- Segs 0
- Bands 2
- Lymphs 30
- Monos 61
- ANC 0

**Of the following, the most appropriate empiric antibiotic regimen for this patient is:**

- A. Cefepime 50mg/kg q12h
- B. Cefepime 50mg/kg q12h + Vancomycin 15mg/kg q12h
- C. Cefepime 50mg/kg q8h
- D. Cefepime 50mg/kg q8h + Vancomycin 15mg/kg q8h



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Abnormal vitals in a hypotensive, neutropenic patient with a central line requires addition of vanc

Covers most common neutropenic fever bugs: CONS, Strep, E. coli, acinetobacter, Klebsiell.a, Staph aureus, and Enterococcus



# Bugs & Drugs Rapid Review

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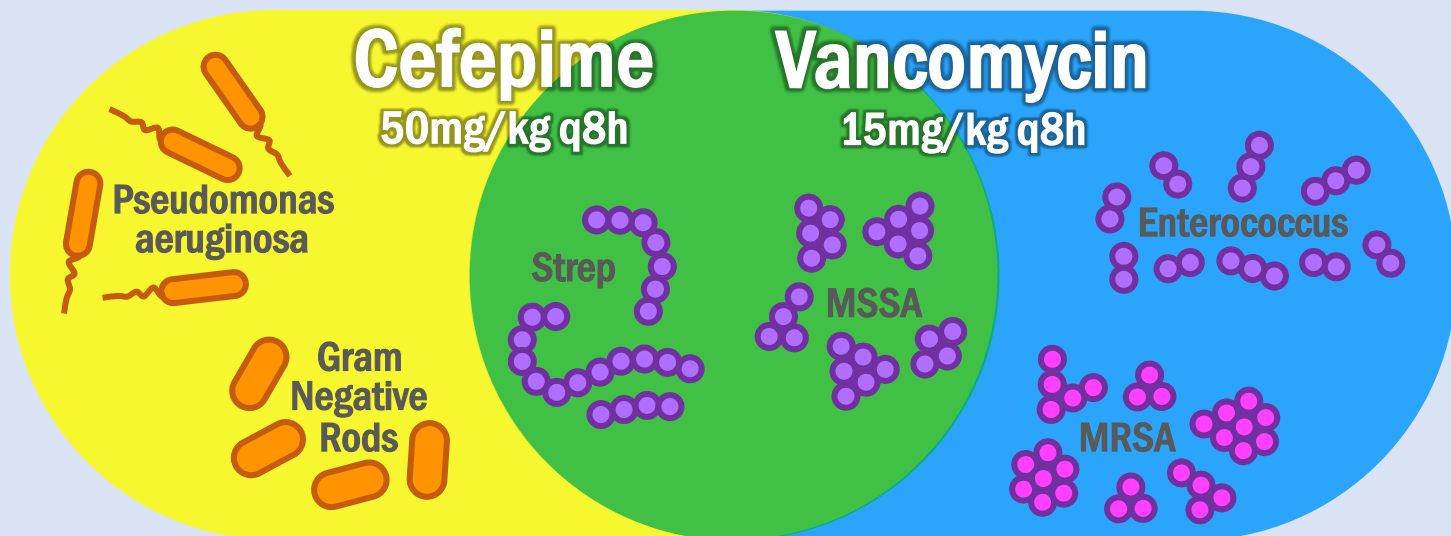
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DOB 11-01-2017

**Rx** Febrile neutropenic (ANC <500) patient with signs concerning for critical illness, central line infection, PNA, soft tissue infection, and/or mucositis require both an anti-Pseudomonal cephalosporin and vancomycin



*antibiotic czar*

SIGNATURE

05-25-2018

DATE